AFFIDAVIT OF HEIRSHIP

GRANTEE
Debby M. Page
6613 Jocelyn Hollow Road
Nashville, Tennessee 37205

SEND TAX BILLS TO:
Grantee

MAP-PARCEL NOS.
129-01-0-034.00

Karen Johnson Davidson County
Batch# 987458 AFFIDAVITH
04/03/2023 09.20 39 AM 4 pgs
Fees $22 00 Taxes $0 00
20230403-0023735

THIS INSTRUMENT PREPARED BY:
SchlitzLAW
1507 16th Avenue South
Nashville, Tennessee 37212

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

The undersigned, being duly sworn, makes oath as follows:

1. My name is Debby M Page. I will refer to myself in this Affidavit as the Affiant.

2. I am over the age of eighteen and I have personal knowledge of the matters stated in this Affidavit

3 I reside at 6613 Jocelyn Hollow Road, Nashville, Davidson County, Tennessee, 37205 (the "Property") The description of the Property to which this Affidavit applies is further described on the attached Exhibit A.

4. Michael R Page died on February 15, 2023. I will refer to him as the Decedent A copy of his death certificate, with redactions, is attached hereto as Exhibit B. At the time of his death, the Decedent resided with me at the Property.

5. At the time the Decedent and I took title to the Property, we were married and owned the Property as tenants by the entirety

6. At the time of Decedent's death, Decedent and I were legally married.

7 There was no divorce or separation between the Decedent and I prior to Decedent's death.

The Affiant makes oath that, to the best of her information and belief, the information contained herein is true, accurate, and complete.

Debby M. Page

AFFIANT

ACKNOWLEDGEMENT

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public of the State and County aforesaid, personally appeared **Debby M. Page**, with whom I am personally acquainted, and who, upon oath, acknowledged that they executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal at office, this 27th day of March, 2023.

Stacey Schlitz

Notary Public

My commission expires: July 9, 2024

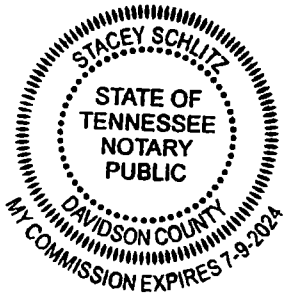


EXHIBIT A

Land in Davidson County, Tennessee, being Lot. No. 996 on the Plan of West Meade Farms, Inc., Section XV, of record in Book 2663, pages 54 and 55, Register's Office for said County, to which plan reference is hereby made for a more complete legal description.

Being the same property conveyed to Michael R. Page and wife, Debby M. Page by Warranty Deed from Allison B. Harnell and husband, Darin Murphy by Instrument No. 20020619-0074034, Register's Office for Davidson County, Tennessee.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 009607

1 Decedent's Legal Name			2. Sex	3. Date of Death
MICHAEL RUSSELL PAGE			MALE	02/15/2023
4 Time of Death (24 hrs.)	5a Age	6 Date of Birth	7. Birthplace	
14:44	67	05/30/1955	QUEENS NY	
8a Place of Death				
DECEDENT'S HOME				
8b Facility Name		8c City or Town		8d. County of Death
6613 JOCELYN HOLLOW ROAD		NASHVILLE		DAVIDSON
9 Marital Status	10 Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation		11b. Kind of Business/Industry
MARRIED	DEBBY MCFEE	STATE OF TENNESSEE		ACCOUNTING
12 Social Security Number	13a Residence-State or Foreign Country	13b County		13c City or Town
[redacted]	TENNESSEE	DAVIDSON		NASHVILLE
13d. Street and Number		13e Inside City Limits?	13f Zip Code	14 Was Decedent ever in US Armed Forces?
6613 JOCELYN HOLLOW ROAD		YES	37205	YES
15 Decedent's Education	16. Decedent of Hispanic Origin?	17 Decedent's Race		
MASTER'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		19 Mother's Name Prior to First Marriage		
RUSSELL ALBERT PAGE		ANN MCPARTLIN		
20a Informant's Name	20b Relationship to Decedent	20c. Mailing Address		
DEBBY MCFEE PAGE	SPOUSE	6613 JOCELYN HOLLOW ROAD, NASHVILLE, TN 37205		
21a Method of Disposition	21b Place of Disposition	21c Location		
CREMATION	MUSIC CITY CREMATORY SERVICES	NASHVILLE TN		
22a Signature of Funeral Director	22b License Number	22c. Signature of Embalmer	22d. License Number	
▶ /e/ BILLY ORANGE	5846	▶		
23a Name and Address of Funeral Home			23b License Number	
COMPASSION FUNERAL & CREMATION SERVICES 6949 CHARLOTTE PIKE, STE 104, NASHVILLE, TN 37209			1436	
24 Registrar's Signature		25 Date Filed		
▶ /e/ EDWARD G BISHOP III		02/17/2023		

26. Certifier

26a ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED

26b ☐ MEDICAL EXAMINER – ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED

27a. Certifier	27b. License Number	27c Date Signed
▶ /e/ ANH THI MEADOWS	045572	02/17/2023

27d Name and Address: ANH THI MEADOWS 1718 PATTERSON STREET, NASHVILLE, TN 37203

28. Part I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE.

		Approximate Interval Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a AMYOTROPHIC LATERAL SCLEROSIS ALS	
	b	
	c	
	d	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

28a Was an Autopsy Performed? NO

29b Were Autopsy Findings Available to Complete the Cause of Death?

30 Manner of Death	31 Did Tobacco Use Contribute to Death?	32 If Female
NATURAL	NO	N/A

33 If Transportation Injury, Specify	34a. Date of Injury	34b Time of Injury	34c. Injury at Work?	34d Place of Injury
	34e Describe How Injury Occurred			34f. Location of Injury

PH-1659E RDA 10112

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper of the Tennessee Department of Health. Alteration or erasure voids this c... document is prohibited.

14801631

Tennessee Code Annotated 68-3-101 et seq ; Vital Records Act of 1977

EXHIBIT tabbies B

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACR
Commissioner

Date Issued: Feb-21-2023

CERTIFICATION OF VITAL RECORD